

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

IMITED LIABILIT	Y COMPANY	ANNUAL	REPORT	FOR THE YEAR
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2003

L. ID No.	OR PRINTED IN BLACK) 2. Exact name of the limited to	della contena				
116919	1	• •				
	M & Z Hotel Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island					
3. State of Formation	4. Brief description of	The character of the business wh	ich is actually conducted in Rhode Is	land		
RHODE ISLAND	110166	+ VARRING				
5. Principal office addres 307 . MAILING ADDRE	GWAT ISA	ND RA	City. LATAUL FANSELL OR TITLE OF CONTACT PE	State KI	02852	
Similari Name	rry Zito		Contact Title MANA6			
irret Address	()	~ 4	City	State	Zip	
307 Great Island Rd.			NARRAGAUSETT	R.I.	02882	
. NAME AND ADD			ILITY COMPANY, IF APPLIC		_	
AN		ES BEFORE USING ATTA ANAGERS REQUIRES FIL	CHMENTS ("X" BOX FOR . LING OF AMENDMENT, R.I.C			
anager Same			Manager Name	3.2. / -10-12 ()	(2) / /-10-52	
Gerald Ziti						
Sincer Address		Street Address				
30/ Cre	cit Island K	d				
"NARLARAN	sett siac R.I.	0255Z	Chy	State	Zip	
lanager Name	•••••••••••••••••••••••••••••••••••••••	······································	Manager Name	•••••	***************************************	
Street Address		Sinci Address				
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City:	State	Zip	Clly	State	Zip	
. RESIDENT AGEN	T IN RHODE ISLAND - D	O NOT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-16-	·11	
			Address			
_{lgent Name} 'HOMAS QUINN, ESQ	·					

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 1 6 9 1 9 *	
File Date _	9/25/03	
Check No	15151	
Вуг	KWI	
FO	R SECRETARY OF STATE USE ONLY	

1 (48)61 (185) (18)6 6(16 18)61 (18)6 (8)1 (86)

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Date

or Type Name of Authorized Person DAITiun

Form 632 Rev. 7/03



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September (FORM MUST BE TYPED OR A		••	00			•
1. 1D No. 2. Exe 116919 M &		ted liabilty company				··
3. State of Formation			isiness which is actually conducted in	Rhode Island		
Rhode Island	Hotel, Liq	mor Sales, Food a	nd Beverage			
5. Principal office address			City	State	[Ζίρ
307 Great Island 1			Narragansett	RI		02882
6 MAILING ADDRESS Contact Name	of Limited i	Hability/Conpan	YAND NAME OR TITLE (O) Contact Title	Contact P	erson:	
Gerald Zito			MANAGER			
Street Address		<u> </u>	City	State		Zip
307 Great Island R	no care na contra e a care a contra e	estatu an er eann er hann in arter en	.Narragansett	RI	02882	
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Gerald Zito			•			
Street Address			• Street Address			
307 Great Island F	Road State	Zip	*City	State		Zip
Narragansett	RI	02882	·	Sittle	ľ	<i>ар</i>
Manager Name			Manager Name		1	• • • • • • • • •
Strees Address			·Street Address			
City	State	Zip	City	State	. [Σp
Agent Name	RHODE ISLANI	OO NOT ALTER-CHA	ngee require Illing of For	m 642 - R.I.G.L	7-16-11	
Thomas Quinn					<u> </u>	
Address			City		Zip	15
55 Pine Street			Providence, RI		02903~	<u> </u>
					12 ze PH 103	Elvie Traile Daine d'annach
This report must be signe	ed in ink by an	authorized person pu	irsuant to 7-16-66.			
File Dale	ED		Under penalty of perjuenthis report, including a and that all statements	ny accompanying	g schedules an	d statements,
By L. FOR SECRETARY OF STATE	2 2 2003 USE ONLY	<u> </u>	Signature of Authorized I	Z:TE Mulhorized Person	ana, s	Form 632 Rev. 6/02